

Direct-To-Consumer Advertising: Informing the Public or Lining Pharma's Pockets?

An Honors Thesis (HONRS 499)

By

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A handwritten signature in black ink, appearing to read "Robert Gustafson", with a long horizontal flourish extending to the right.

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ABSTRACT

Direct-To-Consumer (DTC) Advertising, the advertising of prescription and over-the-counter drugs, has been controversial since its debut. Those who support it say that consumers have a right and even a need to know. Those opposing believe DTC ads are a way for pharmaceutical companies to make more money. This paper looks at the advantages and disadvantages of DTC advertising on patients, physicians and pharmaceutical companies and the turbulent atmosphere surrounding the controversy.

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I would like to thank my family for not bugging me while I was working on this project.

Background

While many Americans will admit that our country has put too much faith in the medical field, most Americans do not realize how good we have gotten at swallowing pills. America spends more money on healthcare than any other country in the world. In fact, we spent “\$1.8 trillion, more than 15% of GDP [in 2004]” (Emmott 73). America “accounted for more than 40% of the world’s \$550 billion pharmaceutical market” (Emmott 73) in 2004.

With all this emphasis on healthcare, pharmaceutical companies would be remiss if they didn’t find a way to exploit it. And they have been for years. Direct-To-Consumer (DTC) advertising, or the advertising of prescription and over-the-counter drugs, has been around for longer than most people realize. Since the days of Vitameatavegamin, we have been bombarded with herbal remedies and tonics. In the 1980s, the Food and Drug Administration (FDA) began allowing pharmaceutical companies to advertise their prescription drugs in magazines and newspapers. A 1997 draft guidance by the FDA “relinquished a measure of its control over pharmaceutical companies’ advertising strategies” (Lenhardt 165) and finally allowed the industry to advertise on TV, making America only the second country in the world to do so. “The United States and New Zealand are the only countries that allow pharmaceutical companies to pitch directly to consumers” (Querna 52).

Today, DTC ads clutter those shows with a distinctly “adult” audience, such as “Jeopardy!” and the news. In fact, “DTC ads account for nearly a third of the advertising on the major broadcast networks’ nightly news programs” (Thomaselli, et. al. 52).

Anyone can watch a half hour “Jeopardy!” show and see advertisements for at least five different drugs.

The Facts About DTC

According to the Pharmaceutical Research and Manufacturers of America (PhRMA), DTC ads are only used for a few therapeutic drug categories: 1) those for diseases where the symptoms are easily recognizable, such as arthritis, seasonal allergies and obesity; 2) those for chronic diseases, such as cholesterol, osteoporosis and depression; and 3) those that enhance the quality of life, such as for skin conditions, hair-loss and erectile dysfunction.

Pharmaceutical companies have the right “to communicate their marketing messages because these messages are protected as commercial speech” (Lenhardt 174) under the First Amendment. The basis for the protection is that the companies have a right to advertise and the public has a right to receive advertising (Lenhardt 175). The only “restrictions on commercial speech exist when the outcome of the speech can be harmful to the public” (Centor 12A). The obvious example is the tobacco industry. The Federal Communications Commission (FCC) restricted tobacco companies’ rights to advertise because of the impact of the advertising on children.

In order to restrict commercial speech, the speech in question first must pass the Central Hudson Test, a four part test meant to protect commercial speech. In the Central Hudson Test, 1) the speech must concern lawful activity and must not be misleading; 2) the government interest in regulating the speech must be substantial; 3) regulation of the speech must directly advance the government interest asserted; and 4) regulation must be

no more extensive than necessary to serve the interest asserted. For example, the tobacco industry's advertising concerned lawful activity because smoking is not against the law. The government had a substantial interest in regulating tobacco advertising because children were smoking in record numbers. Regulating the advertising served the government interest because less advertising resulted in fewer children smoking. Finally, the regulation was no more extensive than necessary because it still allowed tobacco companies to advertise in print and away from schools and parks. Until all four parts are met, restriction of the commercial speech in question is illegal.

FDA Regulations

If the commercial speech is legal, it is still subject to the FDA. The FDA requires all DTC advertising information:

- To be accurate and not misleading;
- To make claims only when supported by substantial evidence;
- To reflect balance between risks and benefits; and
- To be consistent with the FDA-approved labeling.

The FDA does not have to review a DTC advertisement prior to broadcast unless the drug company requests a review; most review is made post hoc. If an advertisement is found to be offensive, the FDA can send cease-and-desist orders or warning letters or it can order remedial advertising to correct any misrepresentations. The FDA does not have the authority to fine drug companies. Though it seems that the FDA has no responsibility to the pharmaceutical companies, they are under pressure, too. Drug approvals are funded by the pharmaceutical industry, which exerts pressure on the FDA to push new drugs

through. In 2002, the FDA approved 18 new drugs. In 2004, that number nearly doubled to 34, causing many to wonder about the safety of the drugs and the care taken by the FDA.

Advantages of DTC

DTC ads do have their advantages to pharmaceutical companies, physicians and patients. For pharmaceutical companies, the obvious advantage is income. However, beneath the surface, pharmaceutical companies are also concerned with compliance problems. “Half of all people with a chronic illness take themselves off their prescription medicines within the first 90 days of treatment,” (Bittar 24) making it difficult to get post experimental results for the drugs. DTC ads can be used as a reminder for patients to stay on their prescriptions, thereby allowing pharmaceutical companies to gather results.

Physicians benefit from DTC ads because they can save time. If patients come into the doctor’s office with a sound body of knowledge about a drug, the doctor has to spend less time discussing the risks and benefits of the drug. This gives more time to diagnosis and discussion of symptoms. Doctors also benefit from patient compliance. When patients take themselves off medication, the doctor is usually not informed, creating a chasm when an emergency rises. If patients are encouraged by DTC ads to stay on their medicines, doctors won’t be surprised later.

For patients, the most often quoted advantage is information. Patients used to take the word of their doctors as gospel, not just on available drugs, but also on alternative therapies and the symptoms of the diseases themselves. With DTC ads on every television channel and in every magazine, patients are “ ‘more educated and they’re

going into their doctors' offices and asking questions," (Arnold 106). DTC ads have also been widely credited with getting people into their doctors' offices sooner than they might have otherwise gone. For example, "ads for Viagra persuaded millions of men to see their doctors. And when men went in to get their little blue pills, thousands were diagnosed with other conditions such as heart disease or diabetes" (Querna 52). In general, DTC ads have made patients more involved in their healthcare.

Often overlooked is the price advantage of DTC advertising. While many believe that pharmaceutical advertising raises the price of prescription drugs, it was found several years ago that "prices of eyeglasses were twenty dollars higher (in 1963 dollars) in states banning advertising than in those that did not" (McBride 1). Advertising creates competition which brings in dollars. With more money coming in from sales, prescription costs are able to decrease.

A final advantage of DTC advertising is that "[it] may help to remove the stigma associated with mental impairment" (Lenhardt 184) and other so called taboo diseases, such as STDs. Many people are afraid to talk to their doctors about or receive prescriptions for depression, STDs or impotence. With DTC advertising, the diseases are widely known and talked about and, therefore, less taboo than they once were (See Appendix A).

Disadvantages of DTC

While it may seem that DTC advertising is good for all parties, the disadvantages seem to outweigh the advantages. The most often discussed disadvantage of DTC advertising is that it gives the impression that the advertised drug works better than it

really does. “About seventy-five percent of physicians reported that their understanding of DTC ads is that they cause patients to overestimate the efficacy of the drugs advertised” (Lenhardt 187). Senate Majority Leader Bill Frist has become a forerunner in the fight to abolish DTC advertising. In a speech on July 1, he said “This ... advertising can oversell hope. It could oversell results. And it can also undersell the risk.” Frist has called for a two year moratorium on advertising new prescription drugs. This is widely acknowledged by legislators to be a smart move because “most drugs that are withdrawn [from the market] for safety reasons are withdrawn in the first three years of marketing” (Mitchell 5).

Another disadvantage of DTC advertising for both patients and doctors is that patients are diagnosing and prescribing for themselves. A recent Diflucan ad said, “I dare you to call your doctor.” With an outright dare, patients are being told that they have every right to demand a drug. In a perfect world, DTC advertising’s problems could be mitigated by physicians explaining the risks and benefits to patients. But that just won’t happen. Physicians are pressed for time, and they “must decide whether to have a lengthy discussion or take the course of least resistance” (Centor 12A) and prescribe the drug being requested. Research shows that “8.5 million Americans each year request prescriptions based on the content of DTCA campaigns” (Lenhardt 166). And many doctors are prescribing more drugs than ever; “from 1994 to 2001, the number [of prescriptions] increased by 50 percent. And now it’s going up by 3 to 5 percent each year” (Trebilcock 67). This increase in prescription drug use has prompted the name Generation RX.

Doctors can be swayed by the advertising, even when patients do not request a certain drug. DTC advertising caused the market for Vioxx to expand quickly, and patients for whom it was not intended began taking the drug in volume. “Physicians should have prescribed Vioxx only when a patient had gastric side effects from older, less expensive arthritis drugs” (Centor 12A). However, too many doctors and patients were convinced by the advertisements to try the drug, and they relied on the advertisements for all of their information gathering. Drug maker Merck was forced to withdraw Vioxx from the market in September 2004 after it was found to double the risk of heart attack and stroke. By this time, it was too late. Merck now faces thousands of lawsuits from Vioxx users and their survivors.

Once the physician prescribes the drug, the real problems begin. Especially for those who don’t really need the drug, prescription drug abuse increases with DTC advertising. From 2004 to 2005, “the number of people in the U.S. abusing prescription drugs, including painkillers, depressants and stimulants, increased from 7.8 million to 15.1 million” (Metzler 24). DTC ads make prescription drug abuse worse because “they convince people that medicine can help them enjoy life more” (Querna 52). The ads seem “to imply that huge proportions of the population need pharmaceutical intervention for relatively common problems” (Lenhardt 198).

The volume of drugs being prescribed has taken a toll on pharmacies as well. “The average pharmacy makes four errors for every 250 prescriptions that go out the door ... That’s only 1.6 percent, but apply that error rate to the more than three billion prescriptions dispensed a year, and the number of mistakes comes out to more than 50 million” (Trebilcock 67). Pharmacy errors can be as simple as a wrong address, but the

more serious mistakes could be much more costly. The FDA “recently issued a warning about errors that have occurred involving Zyprexa (a drug prescribed for schizophrenia and bipolar disorder) and Zyrtec, an antihistamine” (Trebilcock 68). When pharmacists are too busy, these two drugs can be easily switched.

Finally, DTC ads are criticized for how they convey information. Many ads rush through the risks to get to the benefits. The language used to convey risks is above most Americans heads; “only a minority of Americans read at a level that would allow comprehension of [the] information” (Lenhardt 191). This is a disadvantage to not only the patient but also to the pharmaceutical companies because it creates bad publicity for them. They spend millions on something that makes them look bad.

The Advertising

Despite the bad publicity, pharmaceutical companies have been spending more and more on DTC advertising. Before Vioxx and Celebrex were taken off the market, Merck and Pfizer spent a collective \$238 million on advertising those two drugs in 2000. In 2004, AstraZeneca spent \$242 million on Nexium’s advertising alone, making Nexium the 58th most heavily advertised brand in the United States and the most heavily advertised of the 34 drug brands in the top 200 advertised brands. (Donaton, Special Report S2). And mass media advertising isn’t the only place that the pharmaceutical industry is spending its marketing dollars. Companies employ thousands of salesmen to market to doctors and pharmacists. “Pfizer ... employs more than 10% of America’s sales reps” (Emmott 73).

All of this spending is worth it to the pharmaceutical companies because of the volume of people reached by the advertising. “If every patient on a \$2 billion cardiovascular medicine took just one additional pill each day, that would represent \$17 million in new revenue” (Bittar 24). And the advertising is working. “From 1999 to 2000, prescriptions written for the top 50 most heavily advertised drugs rose 24.6 percent, compared to 4.3 percent for all other drugs combined” (Marketing 1). DTC advertising has obviously affected which drugs physicians chose to prescribe.

Recent changes to DTC advertising have added fuel to the fire. Drug companies have begun to broadcast disease awareness ads that focus on informing the public without touting the company’s drugs. While these efforts may seem like a worthy attempt, many consumers believe that the pharmaceutical companies are just trying to change the public’s perception of the companies without changing the way they do business.

Consumer Reactions

When the FDA began allowing DTC advertising, the public welcomed the new source of information. “In 1999, more than half of respondents to an FDA survey said they like seeing drug ads. In 2002, the number was less than a third” (Querna 52). More than half of those same respondents believed that there was not enough information about the risks and side effects. In a *Wall Street Journal* survey, more than half of respondents “said advertising should be banned when drugs are first sold so that doctors can learn about the products without being pressured by patients demanding prescriptions for drugs they have seen advertised” (Henderson).

In a survey I conducted (See Appendix B), respondents were given a list of prescription drug names found in television and print advertising and were asked first if they recognized the drug name. Then they were asked to write in the disease that the drug was used for. Out of fifteen drugs, the average respondent could recognize the name of 9.1 drugs. However, they could only name the disease for an average of 4.9 drugs, showing that while DTC ads may break through the clutter, they still aren't making much of an impact.

Some drugs were more likely to be recognized than others. One hundred percent of respondents recognized Lipitor, with 81 percent knowing that it treats high cholesterol. Fourteen percent recognized Topamax, with only 3 respondents knowing that it is for seizures and migraines. The most surprising find was that only 51 percent of respondents knew that Nexium (the purple pill) treats acid reflux. As noted earlier, Nexium is the most heavily advertised drug on the market.

Next respondents were asked about the effect of DTC advertising on their opinions and practices. Thirty percent of respondents said that they had asked their doctors about an advertised drug. Of those that asked their doctors about a drug, a startling 82 percent received that drug, with 100 percent of men receiving the drug they asked for. Fifty-nine percent of respondents reported feeling rushed by their doctor during a visit, which accounts for some of the prescriptions. Though so many respondents discussed a drug with their doctors, 49 percent reported being annoyed by DTC ads, while only five felt well informed.

Education seemed to have a drastic effect on how DTC ads were perceived. Seventy-five percent of respondents with a high school education felt that the

pharmaceutical companies did a good job of balancing risks and benefits within advertisements; the number plummeted to 33 percent when asked of master's degree holders. Nearly the same results were true when respondents were asked if the FDA was careful and thorough when approving new drugs: 63 percent of high school graduates agreed while only 15 percent of college graduates agreed. As is clearly shown, advertising on "Jeopardy!" and the nightly news is effective at reaching those who already have a negative view of DTC advertising.

Industry Reactions

As consumers become more irate about DTC advertising, the pharmaceutical companies seem to give them more ammunition. "During the one month directly following [9/11], Pfizer spent twenty-five percent more on its Zoloft (depression) marketing campaigns than it had spent on promoting the product from January to June" (Lenhardt 195). The FDA has also begun to sit up and take notice. In 2003, the FDA sent five warning letters to pharmaceutical companies. In 2004, that number jumped to 13, and as of November 2, 2005, the FDA had sent 23 warning letters.

After much unrest and the threat of legislation, the pharmaceutical industry seems to be trying to save face. Beginning with the cease-and-desist orders for Vioxx and Celebrex, some companies, such as Bristol-Squibb Myers, began changing how they advertise. Bristol-Squibb Myers imposed a moratorium that banned all advertising on new products for one year. Most other companies began with a falling off of advertising spending. From January through May, DTC ad "spending was flat ... after eight consecutive years of soaring growth that included a 28% boost [in 2004] to \$4.4 billion in

measured media” (Thomaselli, Side Effects 1). Newspapers and magazines have even begun to notice fewer pharmaceutical pages.

Besides advertising changes, Pfizer and others have begun loyalty programs, volume discounts, rebates and free trial offers. (See Appendix A) Pfizer Senior Vice President of U.S. Marketing, Greg Duncan said, “The right time to change is when you have the most momentum going.” Though many consumers and lawmakers believe that it was a ploy to buy more time, PhRMA published a new code for DTC advertising on August 2, 2005. The code includes fifteen guiding principles to protect consumers while protecting the interests of the pharmaceutical companies. (See Appendix C)

The principles call for all new ads to be shown to the FDA prior to broadcast, and for companies to include diet, lifestyle and disease awareness information and information for the uninsured and underinsured. The code bans the 15 second reminder ads that do not state risks and benefits and calls for all ads to be shown to age appropriate audiences. Though these seem to be steps in the right direction, the principles do not go into effect until January 1, 2006, are strictly voluntary and can only be enforced through consumer action.

Even for those that follow the guidelines, some consumers believe there is too much wiggle room. Principle 6, which calls for a variable moratorium on new drug advertising, leaves it up to the pharmaceutical company to determine what constitutes an “appropriate amount of time.” PhRMA has explained that “establishing a single uniform waiting period for all companies and all medicines could have the unintended consequence of denying patients important information about new medicines, even after health care professionals have been well educated” (PhRMA 6). Principle 11 calls for all

ads to be written in an understandable language, but there is no explanation of what reading level or languages must be included. Most consumers and lawmakers believe this just makes another loophole for pharmaceutical companies. “Letting the pharmaceutical industry regulate its own advertising is like ‘the fox guarding the chicken coop,’ said Democrat Henry Waxman of California” (Querna 52).

In light of the principles, “Johnson & Johnson became the first company to create a more cautious, safety-oriented advertisement with more emphasis on drug risks and side-effects” (Horton, Reining In 1204). Other pharmaceutical companies and non-profit organizations have followed suit with disease awareness ads. (See Appendix A) Whether companies will continue to follow the PhRMA principles is yet to be seen, but for now, consumers are seeing many of the changes they have been waiting for.

My Solution

Clearly, there are fundamental problems with DTC advertising. Pharmaceutical companies assert that DTC ads help the public to stay informed and rely on more than just their doctors. But many consumers have a negative view of DTC ads. Obviously, DTC advertising is not working the way pharmaceutical companies had hoped. It could be a powerful tool to keep the public informed, but current DTC ads are so bad at gaining attention and selling that many consumers block them out (See Appendix A).

Of those who do pay attention to DTC ads, many survey respondents commented that the long list of side effects deters them from asking their doctors about the drug advertised. While this issue would have to be taken up with the FDA, some of the less obvious problems with DTC advertising could be fixed.

To begin with, pharmaceutical companies need to stop thinking of their products' end users as consumers; they are patients. And patients need to be treated differently than consumers. First of all, consumers buy products that help them work better, play better, or look better. Patients buy products that help them live better. If the brand of jeans that a consumer buys goes out of style, that consumer can go buy another pair of jeans. If a patient buys a medicine that gets taken off the market, that patient may have already suffered serious side effects, even death. Patients are vulnerable. They are a captive audience. Patients with serious health problems may be willing to try anything and pharmaceutical companies should be careful if only for this reason.

Once pharmaceutical companies begin to see their consumers in a different light, they need to try a different approach in order to reach them. Patients want to feel like someone cares about them. They don't like to feel out of control and DTC advertising could be just what the doctor ordered. Knowledge is power and patients would devour that knowledge if they only knew it was there. Instead of trying to tell a patient all of the possible side effects, benefits and reasons for taking the drug in 30 seconds, pharmaceutical companies could direct patients to the Internet. Once there, patients could spend hours pouring over the information. This approach would put the patients in the driver's seat. Pharmaceutical companies could fill their Web sites with pages upon pages of information, and patients who were really interested in the drug would take the time to look at it. Those who weren't interested in the drug would not be annoyed by the list of side effects rattled off to them during their favorite TV shows.

Pharmaceutical companies already do extensive research on the drugs they produce; they should understand the value of research to see what patients want in DTC

advertising. Without research, pharmaceutical companies probably already know that patients don't want to be talked down to or confused. But do they realize that ads that show people mountain biking or kayaking don't convey the message that a drug works or is safe? (See Appendix A) Simple research told me that Lipitor was the most recognized drug on my survey. The ads for Lipitor don't show people relaxing and enjoying a leisurely time at the park; they show people who otherwise seem to be in good health who do a belly flop in the water or run into a glass door because their high cholesterol is an unseen problem. These ads convey the message that even though you seem to be healthy, you should go to your doctor and check your cholesterol. Patients understand this. They relate to the message because they all think they are fine.

The first and easiest way for pharmaceutical companies to learn what works in DTC ads is to see what drug is already doing well. Viagra's ads created a lot of buzz because they were the first to advertise about erectile dysfunction, but other drug ads seem to sell better because they do a good job. Relpax ads show a boulder crushing people at the most inopportune times to convey that a migraine can take you out fast. (See Appendix A) Compare that to the Topamax ads that show a mom and her son walking to school headache free. Which one gets the patients' attention? Obviously Relpax. Which one tells patients that they really need the drug? Relpax again.

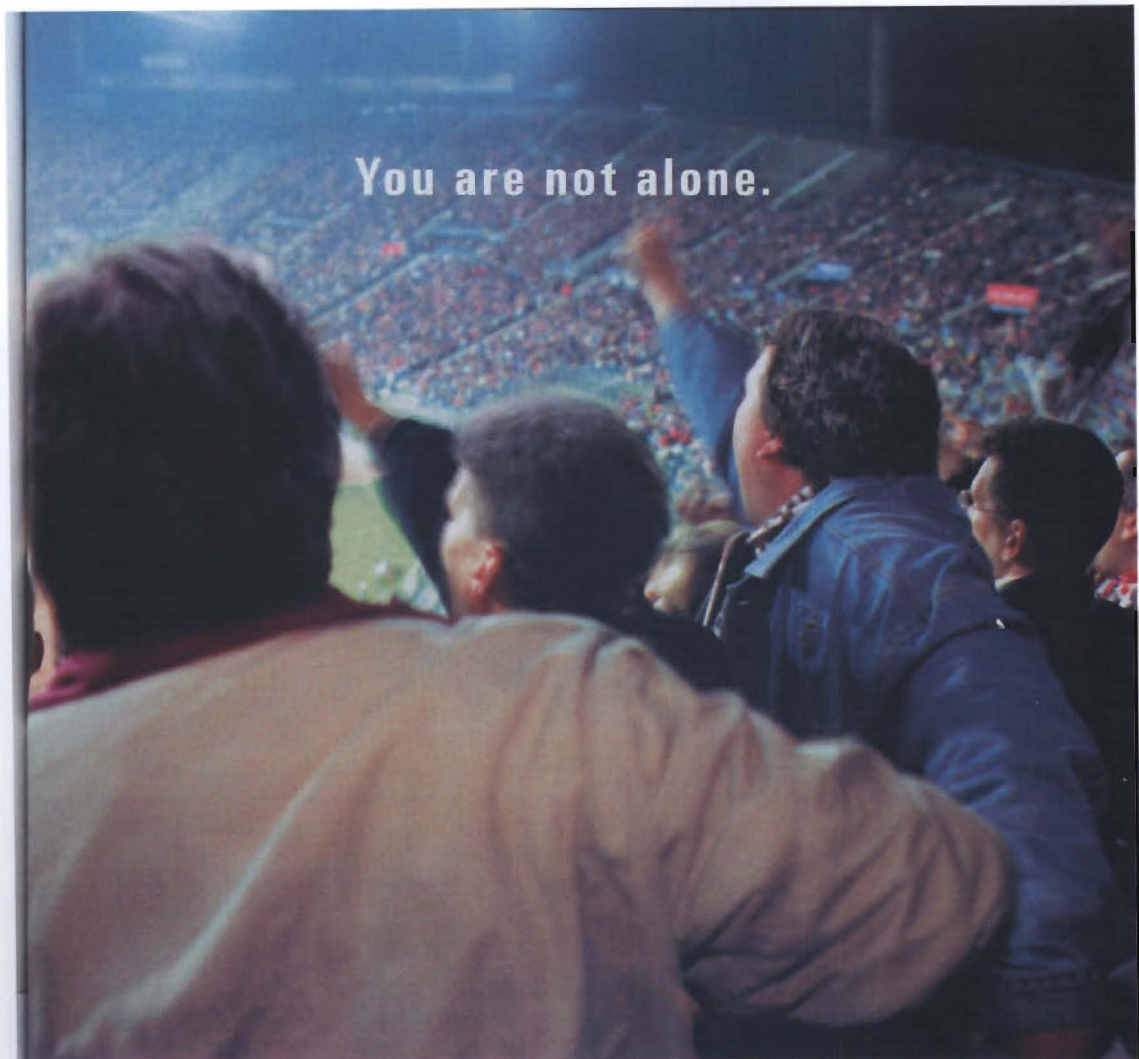
After seeing the difference between Topamax and Relpax, pharmaceutical companies should begin to make changes. The visuals and copy of DTC ads must be changed to fit the way patients think. DTC ads have to gain attention and hold it long enough to convey a message without boring those who don't want to hear the message.

Conclusion

Pharmaceutical companies have been advertising directly to consumers for years. But their efforts to inform the public are being undermined by the public's opinion of DTC ads. It will take a drastic change in the way they advertise for pharmaceutical companies to reach their audience. As long as patients dislike and ignore DTC advertising, their opinion of the ethics behind the advertising will be cynical. Once pharmaceutical companies begin to speak to patients in a language and manner that is acceptable to those patients, DTC advertising will become the public information tool that it was meant to be. Until then, the controversy will rage on.

APPENDIX A

Ads such as this one help to remove the stigma associated with “taboo” diseases.



More than 3.4 million American men experience some form of bladder condition.

It's a fact. Your chances of developing a mild bladder condition increase after suffering an illness or undergoing prostate surgery. Or maybe you find it's just the result of getting a little older. Serenity for MEN is an anatomically designed liner that fits comfortably in your briefs to provide discreet protection. The Dry Fast Core™ locks in liquid quickly, while OdaSorb Plus™ helps prevent odors. It's the perfect solution to give you the confidence and freedom to keep on doing all the things you love to do.



**For a FREE sample, visit www.serenity.com/male
or call 1-866-299-8922 toll-free**

Found in aisles where bladder control products are sold. Consult your doctor about bladder control problems.


Many companies have begun prescription programs and discounted drug programs.

NO PRESCRIPTION DRUG COVERAGE? WE CAN HELP.

Introducing the Merck Prescription Discount Program.


If your doctor has prescribed a Merck medicine and you do not have prescription drug insurance, the new Merck Prescription Discount Program can help. You can start saving today with a 10% instant savings coupon. When you enroll, you can receive even greater discounts of 15% to 40%, regardless of your age or income. Plus, the program is free to join. There are no membership costs or hidden fees. To find out which Merck drugs are included, to obtain a 10% off coupon and to enroll in the program, call 1-800-50-MERCK (1-800-506-3725), visit www.merckuninsured.com or talk to your doctor or pharmacist. The Merck Prescription Discount Program. It's one more way Merck puts patients first.

Where patients come first  **MERCK**



If you take NEXIUM,
free support can
show up in some
unexpected places.

Be part of a FREE program designed for NEXIUM users.




Valuable savings, delicious recipes, advice from experts, helpful lifestyle tips, refill reminders—we'll deliver all this and more right to your door when you sign up for our free program. You see, we understand that you may want information about how to manage your condition wisely, and we want you to have it. So sign up today and get the help and support you deserve.

To join, visit nexiumprogram.com, return the attached card, or call 1-888-27-NEXIUM.



Nexium[®]
(esomeprazole magnesium)

AstraZeneca 

Pharmaceutical companies and medical associations have begun disease awareness ads.



who knew those carefree days in the sun

would lead to today's sun-damaged skin?

Summer '56

POST CARD

Your skin has collected a lifetime of sun memories. If you've seen a dermatologist about those rough, scaly, sun-damaged spots on your head or face called Actinic Keratosis (AK), you know there are probably more still developing. And that left untreated, AK could lead to serious skin problems.

So why wait? Call or log on for your free Sun & Skin Information Kit. You'll learn more about AK, and a proven alternative to treat the AKs you see as well as the ones nearby, still developing underneath.

After all, your skin has memories. Let's help keep them happy.

Learn all you can about treating Actinic Keratosis (AK).
Call for your free Sun & Skin Information Kit.



1-866-57-TREAT AK
(1-866-578-7328)
or visit www.treat-AK.com

3M Pharmaceuticals
from the 3M Health Care family


3M

Heart disease affects three kinds of people.



John Godleski died of heart disease. He was just two years old. A little boy. Imagine how his mom and dad died a little bit as well. Cardiovascular disease is America's number two killer of children under 15. The American Heart Association can help provide lifesaving information for your family. We have the research. We have the knowledge. Let us share it with you.

americanheart.org or 1 888 AHA 2222


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Association® 
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Visit or call now for your free Health Quiz and American Heart Association Cookbook

Offer good while supplies last. Limit one per household. ©2005. American Heart Association, Inc. All rights reserved. Unauthorized use prohibited.



AFTER 20 YEARS OF HARD WORK WE'VE ALMOST
ELIMINATED PEDIATRIC HIV
ALMOST ISN'T GOOD ENOUGH



When we started working
on HIV two decades ago,
we had no idea what we were
up against. Even with thousands
of scientists using the world's most
advanced technology, it still takes
about 15 years and \$800 million



just to develop one new drug. HIV requires
several. Some people say drug research is
too expensive, but when you
consider our astounding
accomplishments with pediatric
HIV, and all the children we've
helped to save, it's worth it.



Today's medicines. Tomorrow's miracles.™



GlaxoSmithKline

Photo: Sarah Malingot © 2005 The Breast Cancer Research Foundation

Expose the Truth

In the U.S. a woman will die from breast cancer, on average, every 13 minutes.
We must stop this, here and around the world. Research today saves lives tomorrow.

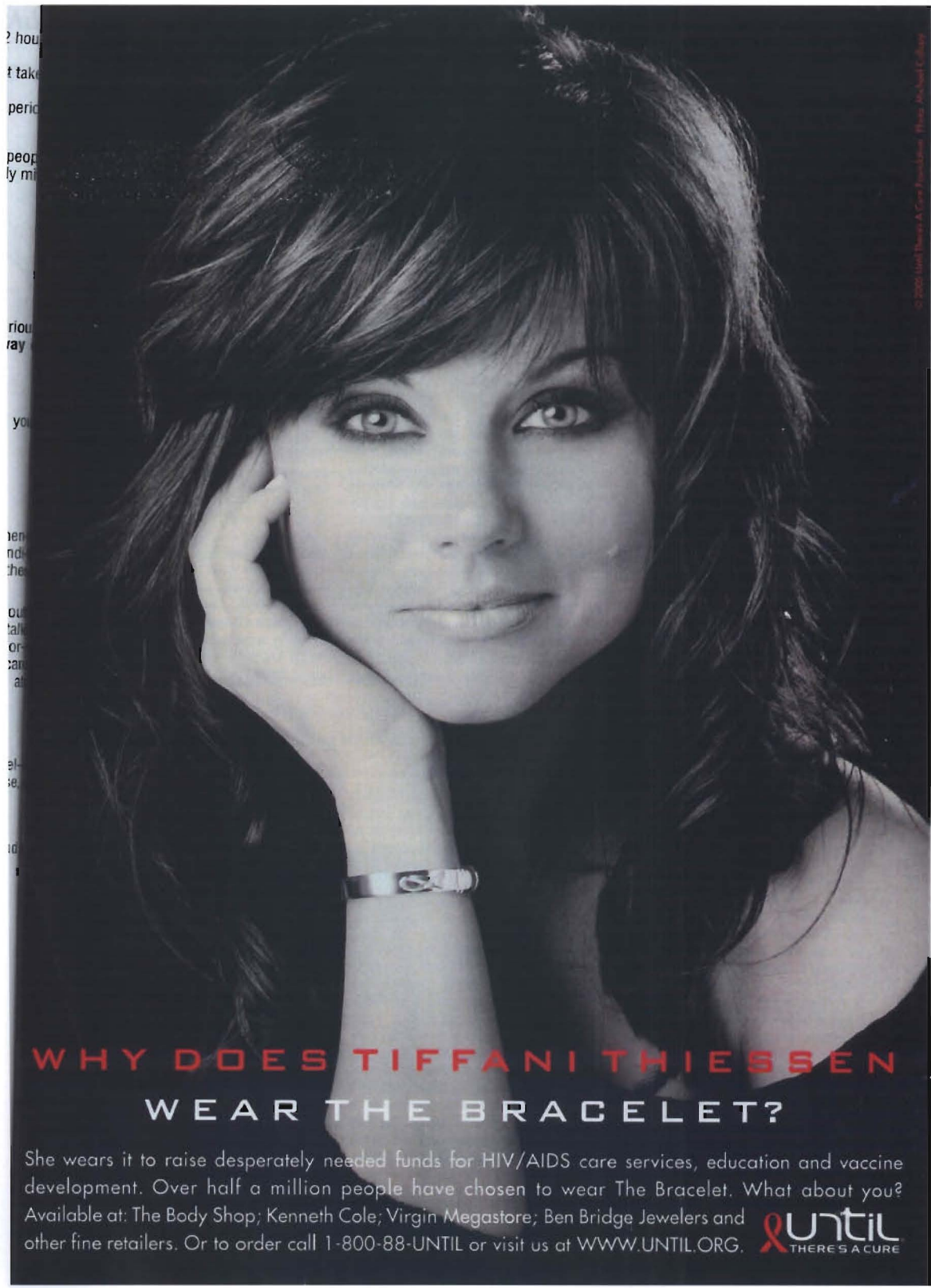
Statistics based on American Cancer Society 2005 estimates

The
Breast
Cancer

Research
Foundation

Funding the fight to prevent and cure breast cancer in our life

The Breast Cancer Research Foundation
Founded in 1993 by Evelyn H. Lauder
www.bcrf.org 1.866.FIND.A.C



© 2000 Until There's A Cure Foundation. Photo: Michael Collins

WHY DOES TIFFANI THIESSEN WEAR THE BRACELET?

She wears it to raise desperately needed funds for HIV/AIDS care services, education and vaccine development. Over half a million people have chosen to wear The Bracelet. What about you? Available at: The Body Shop; Kenneth Cole; Virgin Megastore; Ben Bridge Jewelers and other fine retailers. Or to order call 1-800-88-UNTIL or visit us at WWW.UNTIL.ORG.

until
THERE'S A CURE

Ads such as this one are bad at gaining and retaining the attention of the audience.

People accept the fact that
chemotherapy will cause nausea
and vomiting.

We find that unacceptable.

Stand up to it
with the help of EMEND.

Adding EMEND can help patients on chemotherapies
that are highly likely to cause nausea and vomiting.

EMEND is a powerful medication that, when started before each cycle of chemotherapy, can help prevent the nausea and vomiting caused by chemotherapies that are highly likely to cause nausea and vomiting. EMEND works with other anti-nausea and vomiting medications given by doctors at the time of chemotherapy treatment. Adding 1 capsule of EMEND each day for 3 days can help adult patients prevent nausea and vomiting for up to a full 5 days. Simply put, EMEND may stop your symptoms before they start.

Ask your doctor or nurse about adding EMEND. For more information, visit www.standuptoit.com

IMPORTANT INFORMATION: EMEND is only used to help prevent nausea and vomiting caused by chemotherapy. It is not used to get rid of nausea and vomiting after they start.

Tell your doctor if you are taking other medicines, if you are pregnant or plan to become pregnant, or if you have liver problems. EMEND may cause serious life-threatening reactions if used with certain medicines. (See the section "Who should not take EMEND?" on the adjacent page.) EMEND may also affect some medicines, including chemotherapy, causing them to work differently in your body. **Women who use birth control medicines during treatment with EMEND and for up to 1 month after using EMEND should also use a backup method of contraception to avoid pregnancy.**

The most common side effects of EMEND are tiredness, nausea, hiccups, constipation, diarrhea, and loss of appetite. These are not all the possible side effects of EMEND.

EMEND is available by prescription only. Please read the Patient Product Information for EMEND on the next page and discuss it with your doctor.



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Some pharmaceutical companies have resorted to using celebrities to sell medications.

FOR PARENTS OF CHILDREN WITH ADHD

Finally!

Schoolwork that matches
his intelligence

Family hours that last for hours
Friends that ask him to join the group
A trusted solution for ADHD

ADDERALL XR®

- Has been evaluated for safety in over 20 clinical studies
- Active ingredient in ADDERALL XR has a 65-year history of medical use
- Works fast for the start of the school day

Ask your doctor if ADDERALL XR
is right for your child.

adderallxr.com/Ty 1-800-750-1764

Important Safety Information ADDERALL XR was generally well tolerated in clinical studies. The most common side effects in studies involving children included decreased appetite, difficulty falling asleep, stomachache, and emotional lability. The most common side effects in studies involving adults included dry mouth, loss of appetite, nausea, headache, and weight loss. ADDERALL XR may not be right for everyone. Patients should speak with their doctor if they have a history of high blood pressure or any heart conditions, glaucoma, thyroid problems, emotional instability, mental illness, or a known allergy to this type of medication. If you are currently taking or have recently taken a type of antidepressant called a MAO inhibitor or have a pre-existing structural heart abnormality, you should not take ADDERALL XR. There is a potential for worsening of motion or verbal tics and Tourette's syndrome. Abuse of amphetamines may lead to dependence. Misuse of amphetamine may lead to serious cardiovascular adverse events. A patient should report any new psychological symptoms to his or her physician. Please see brief summary of prescribing information on adjacent page. For more information, consult your physician.

"The right
tool for the
right job...
that's
essential."

Find out why
ADDERALL XR is
the tool that helps
Ty Pennington stay
focused—and how
it can help your
child begin
building back-to-
school success.

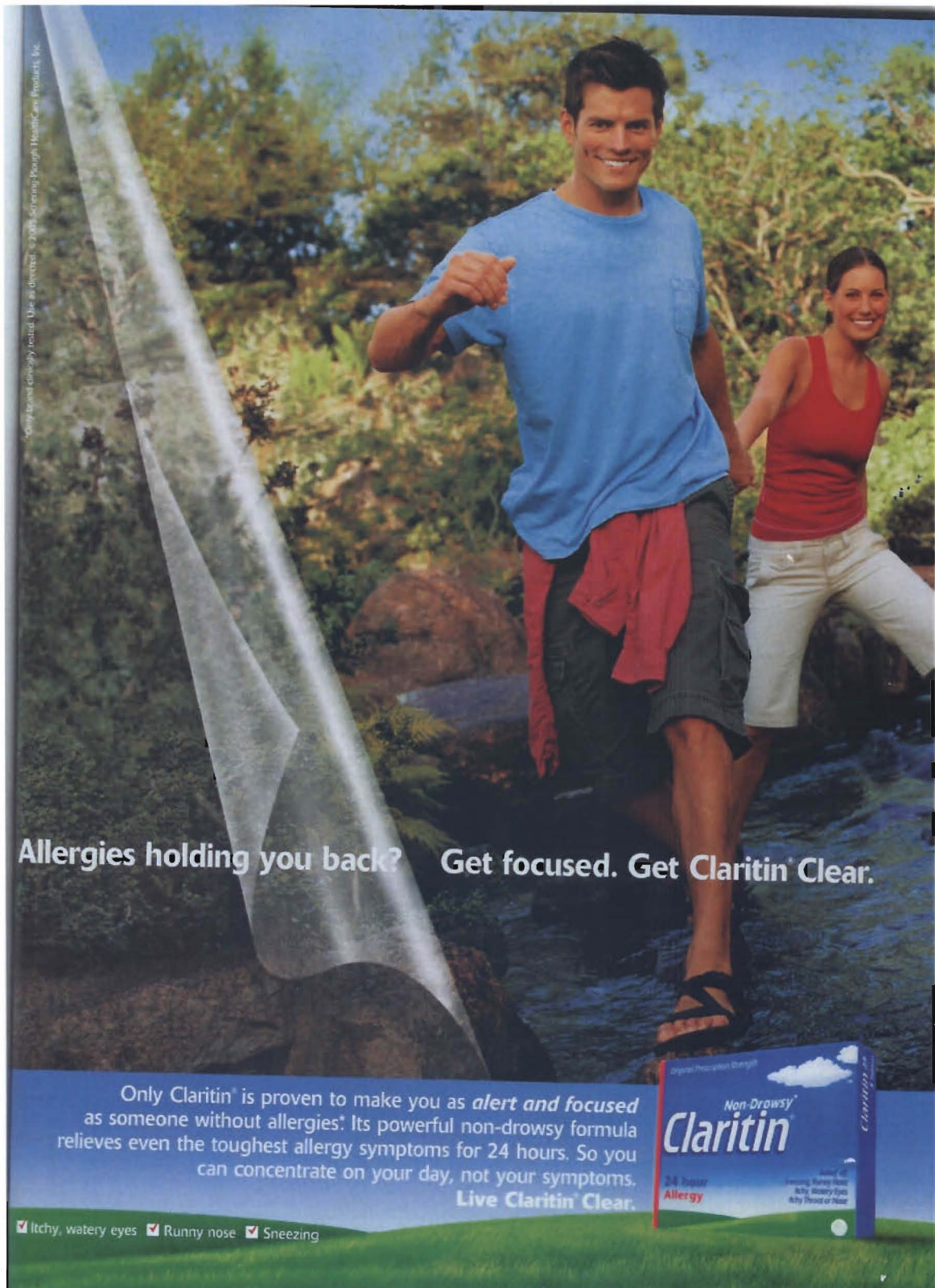
For Ty's personal ADHD story visit:
adderallxr.com/Ty

Shire

an Abbott Support Company™

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Ads that show healthy people in nature do not speak to the audience.



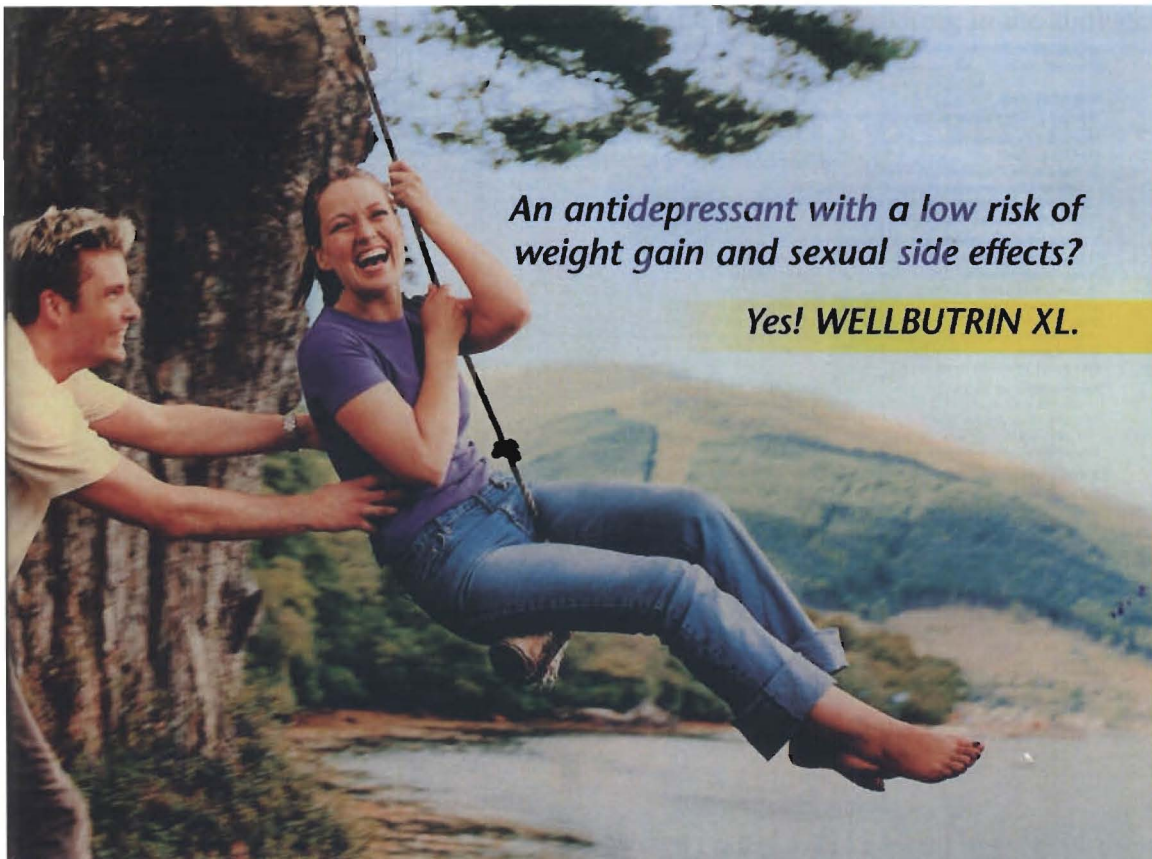
Only brand clearly tested. Use as directed. © 2005 Schering-Plough Healthcare Products, Inc.

Allergies holding you back? Get focused. Get Claritin® Clear.

Only Claritin® is proven to make you as *alert and focused* as someone without allergies*. Its powerful non-drowsy formula relieves even the toughest allergy symptoms for 24 hours. So you can concentrate on your day, not your symptoms.
Live Claritin® Clear.

✔ Itchy, watery eyes ✔ Runny nose ✔ Sneezing

Claritin®
Non-Drowsy®
24 hour Allergy
Original Prescription Strength
Relieves:
Sneezing, Runny Nose,
Itchy, Watery Eyes,
Itchy Throat or Nose



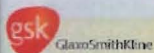
An antidepressant with a low risk of weight gain and sexual side effects?

Yes! WELLBUTRIN XL.

WELLBUTRIN XL effectively treats depression with a low risk of weight gain and a low risk of sexual side effects. Clinical studies prove it. Ask your doctor about WELLBUTRIN XL. And to find out more, visit www.wellbutrin-xl.com or call 1-800-366-2500.

Experience Life.

ONCE-DAILY
Wellbutrin XL
bupropion HCl
EXTENDED-RELEASE TABLETS



visit www.wellbutrin-xl.com and learn about a \$10 savings

Important information: WELLBUTRIN XL is not for everyone. There is a risk of seizure when taking WELLBUTRIN XL, so don't use if you've had a seizure or eating disorder, or if you abruptly stop using alcohol or sedatives. Don't take with MAOIs, or medicines that contain bupropion. When used with a nicotine patch or alone, there is a risk of increased blood pressure, sometimes severe. To reduce risk of serious side effects, tell your doctor if you have liver or kidney problems. Other side effects may include weight loss, dry mouth, nausea, difficulty sleeping, dizziness, or sore throat. WELLBUTRIN XL is approved only for adults 18 years and over. In some children and teens, antidepressants increase suicidal thoughts or actions. Whether or not you are taking antidepressants, you or your family should call the doctor right away if you have worsening depression, thoughts of suicide, or sudden or severe changes in mood or behavior, especially at the beginning of treatment or after a change in dose (see Patient Information: *What is important information I should know and share with my family about taking antidepressants?*).

Please see Medication Guide and Patient Information on following page.

Ads such as these are good at breaking through the clutter and sticking in the audience's memory.



Not many things knock you out like a migraine. But to knock out migraine pain and symptoms such as nausea and sensitivity to light and sound—people are switching to Relpax®. After all, clinical studies prove that with Relpax, more people got relief with just one dose than those taking Imitrex®. And it works fast. For some people it starts to work in 30 minutes. Most get back to their day in two hours. So don't let a migraine ruin your presentation, meeting or any other day. Ask your doctor for a free sample.

Only your doctor can decide if Relpax is right for you. If you have certain types of heart disease, a history of stroke, TIA, or uncontrolled blood pressure, you should not take Relpax. Very rarely, certain people, even some without heart disease, have had serious heart-related problems. Talk to your doctor if you have risk factors for heart disease such as smoking, high blood pressure or high cholesterol, or if you're pregnant or nursing. Relpax should not be used within at least 72 hours of treatment with the following medicines: Nizoral®, Sporanox®, Serzone®, TAO®, Biaxin®, Norvir® and Viracept®.

Please see patient summary of information on next page.

REL PAX.COM
866-REL PAX8
866-735-7298

DON'T LET A MIGRAINE KEEP YOU DOWN **REL PAX®**
(eletriptan HBr)



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© 2000 P&G

Another day without heartburn.

It started working on Day 1 and I went out with friends. Day 4, biking. Today, no frequent heartburn. It really is possible with Prilosec OTC.

What day are you on?



APPENDIX B

Prescription Drug Survey Results

Surveys Collected 37

A. Please indicate whether the name of the prescription drug on the left is familiar to you and then write in the disease that you believe it is supposed to alleviate.

	<u># Who Recognized Drug Name</u>	<u># Who Knew Disease</u>
Nexium	33	19
Celebrex	34	20
Levitra	28	15
Procrit	25	9
Zyrtec	32	16
Lipitor	37	30
Zelnorm	16	4
Zoloft	29	19
Prilosec	28	19
Topamax	5	3
Actonel	8	4
Ambien	21	12
Humira	13	2
Aricept	8	4
Ditropan	21	8

Number who have taken one or more of these drugs 17

B. Please answer the following questions honestly and to the best of your knowledge.

1. Have you ever asked your doctor about a prescription drug after seeing an advertisement for it?

YES	NO
11	26

If yes, did you receive that prescription?

YES	NO
9	2

2. Has a prescription drug advertisement ever convinced you to visit your doctor?

YES	NO
1	36

3. How does prescription drug advertising make you feel?

well informed	4
---------------	---

empowered	0	
angry	1	
annoyed	18	
indifferent	12	
other (please explain)	2	(worried, confused)

4. Do you feel that prescription drug advertisements do a good job of explaining the risks and benefits of the drugs?

YES	NO
16	20

5. Do you feel that the FDA is careful and thorough when approving new drugs?

YES	NO	Don't Know
12	20	4

If not, how could they improve?

Be more forthcoming with all problems	1
Fewer ads on market to make sure all are safe	1
More time for testing	8
Less pharmaceutical company influence on approval	2

6. Have you ever felt rushed by your doctor during a visit?

YES	NO
22	9

7. Have you ever felt rushed by your pharmacist?

YES	NO
10	26

8. Age

30-39	12
40-49	7
50-59	13
60-69	3
70-79	2

9. Sex

M	10
F	27

10. Education

high school	8
some college	8
bachelor's degree	5
master's degree	15

APPENDIX C

PhRMA Guiding Principles

1. These principles are premised on the recognition that DTC advertising of prescription medicines can benefit the public health by increasing awareness about diseases, educating patients about treatment options, motivating patients to contact their physicians and engage in a dialogue about health concerns, increasing the likelihood that patients will receive appropriate care for conditions that are frequently under-diagnosed and under-treated, and encouraging compliance with prescription drug treatment regimens.
2. In accordance with FDA regulations, all DTC information should be accurate and not misleading, should make claims only when supported by substantial evidence, should reflect balance between risks and benefits, and should be consistent with FDA approved labeling.
3. DTC advertising should be designed to responsibly educate the consumer about a prescription medicine and, where appropriate, the condition for which it may be prescribed.
4. DTC advertising of prescription drugs should clearly indicate that the medicine is a prescription drug to distinguish such advertising from other advertising for non-prescription products.
5. DTC advertising should foster responsible communications between patients and health care professionals to help patients achieve better health and a more complete appreciation of both the health benefits and the known risks associated with the medicine being advertised.

6. Companies should spend an appropriate amount of time to educate health professionals about a new medicine or a new therapeutic indication before commencing the first DTC advertising campaign.
7. Companies should responsibly alter or discontinue a DTC advertising campaign should new and reliable information indicate a serious previously unknown safety risk.
8. Companies should submit all new DTC television advertisements to the FDA before releasing these advertisements for broadcast.
9. DTC advertising should include information about the availability of other options such as diet and lifestyle changes where appropriate for the advertised condition.
10. DTC television advertising that identifies a product by name should clearly state the health conditions for which the medicine is approved and the major risks associated with the medicine being advertised.
11. DTC advertising should achieve a balanced presentation of both the benefits and the risks associated with the advertised prescription medicine. Furthermore, risks and safety information should be presented in clear, understandable language, without distraction from the content, and in a manner that supports the responsible dialogue between patients and health care professionals.
12. All DTC advertising should respect the seriousness of the health conditions and the medicine being advertised.

13. In terms of content and placement, DTC television and print advertisements should be targeted to avoid audiences that are not age appropriate for the messages involved.
14. Companies are encouraged to promote health and disease awareness as part of their DTC advertising.
15. Companies are encouraged to include information in all DTC advertising, where feasible, about help for the uninsured and underinsured. (PhRMA, Guiding Principles)

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